



Utah State Hospital

**Pre-doctoral Internship Program in Clinical
Psychology – *APA Accredited Internship Site***



**UTAH STATE HOSPITAL
1300 EAST CENTER STREET
PROVO, UTAH 84603**

WWW.USH.UTAH.GOV/PSYCHOLOGYSERVICES.HTM

Table of Contents

The Utah State Hospital	2
Location	2
The Historical Hospital	2
The Modern Hospital	3
Map of the Hospital Campus	3
The Internship Program in Clinical Psychology	3
Mission Statement	3
Training Philosophy	4
Training Model and Goals	4
The Program Structure	4
Clinical Rotations	5
Mandatory Psychotherapy Component	7
Hospital Units Available for Rotation	8
Intern Presentations and Training Seminars	9
Research	9
Supervision	10
Evaluation	10
Postdoctoral Placements	11
Statement of Diversity	11
Internship Stipend	11
Internship Accreditation Status	12
Internship Faculty	12
Appendix (Policies)	16
Grievance Policy	17
Nepotism Policy	24
Time Away From Training Policy	25

It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. Information in this brochure, including clinical rotations available, is provided as a general guide, and is subject to change without notice.

Updated 20 Nov 2008

THE UTAH STATE HOSPITAL

LOCATION

Located in Provo, Utah, the UTAH STATE HOSPITAL (USH) is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750-foot *Mount Timpanogos* and is bounded on the west by the freshwater *Utah Lake*. The Hospital campus is a focal point of Provo, a city of 120,000, and Utah County, with 368,000 residents. Provo, Utah has been ranked by *Money Magazine* as the best place to live in the U.S. This rating was based on a consideration of health facilities, crime rate, the local economy, housing, education, transportation, weather, leisure, and the arts in the Provo area. Provo has continued to place in *Money Magazine*'s top 50 most livable cities in the U.S. *Woods and Pool Economics* (2006) declared Provo, Utah "one of the nation's most intelligent work forces." Among the outstanding qualities of the Provo work force are foreign language ability, experience, higher education levels, and a strong work ethic. Nearby colleges include the *University of Utah*, *Brigham Young University*, *Utah State University* and *Utah Valley University*.

Surrounding Provo to the north, south and east are spectacular scenic areas, including five national parks. Forty-five miles to the north is Salt Lake City, with a metropolitan area of about one million residents. Despite the urban and suburban quality of Salt Lake and Utah Counties, the mountains immediately adjoining both counties boast four wilderness areas. Outdoor recreation, including hiking, snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing, are available within a five to 30 minute drive from USH. The world renowned *Sundance Resort* that hosts Robert Redford's annual film festival, outdoor theater and ski resort is within a 15 minute drive from the hospital. Many other recreational and cultural activities can be found in Provo, Utah County, and in the Salt Lake City area including theater, symphony, ballet, opera and professional sports.

THE HISTORIC HOSPITAL

The Utah State Hospital has a long and stable history providing treatment to the severely mentally ill. It began as the *Territorial Insane Asylum* in 1885, which at that time was a day's travel from Salt Lake City. The site was some eight blocks from the nearest residence in Provo, and was separated from the city by swampland and the city dump. The message this conveys about the then-prevailing attitudes regarding mental illness is unmistakable.

The original purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. However, in spite of the best efforts on the part of the overworked staff, in its early days the facility was little more than a human warehouse. By 1955, the Hospital patient population exceeded 1,500.

The intervening years, however, have brought many changes. The swamp has been drained, the dump has been converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation of where the "Asylum" begins.

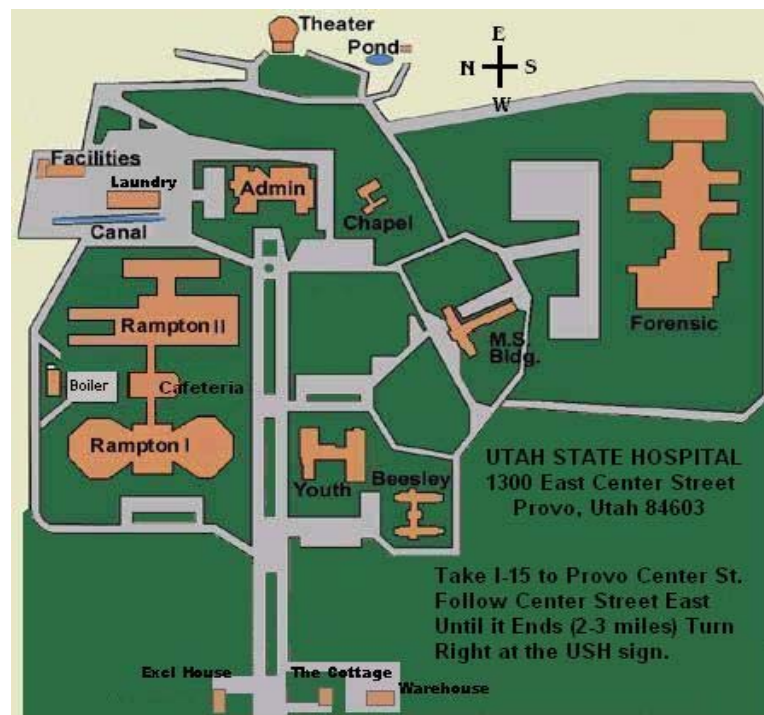
Over the years, tremendous advances in the mental health field have changed the role of the Hospital to one of very active treatment and rehabilitation. Today, USH is a thriving teaching facility and the only secure intermediate psychiatric treatment facility in the state of Utah that provides long-term treatment and care for the severely mentally ill (SMI). Evidence-based treatments, rehabilitation and the movement toward deinstitutionalization and use of community mental health centers have decreased the USH patient population to its present size.

THE MODERN HOSPITAL

Today the Utah State Hospital is an intermediate psychiatric facility, licensed to provide psychiatric treatment services for 359 patients, most of whom experience severe mental illness. The Hospital serves people from all geographic areas of the state, ranging in age from five years old on up through elderly adults. The Hospital receives patients from 11 community mental health centers, as part of their continuum of care, and from the Utah criminal justice system. Adult and pediatric beds are allocated to the mental health centers based on population.

The present facility consists of 15 buildings with approximately 370,000 square feet of space, spread over a 300-acre campus. Patients and the facilities are cared for by approximately 700 staff members. Indoor recreational facilities, including two gymnasiums, a swimming pool and workout rooms, as well as three cafeterias are available to staff.

The Utah State Hospital is accredited by The Joint Commission and Centers for Medicare and Medicaid Services, which affirms that the Hospital has achieved national standards in the delivery of mental health care services. These accreditations represent a hospital-wide commitment to quality health care for the mentally ill.



THE INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

MISSION STATEMENT

The mission of Psychology Services is to deliver excellent inpatient assessment and treatment to our patients. Furthermore, the Department strives to provide quality training to pre-doctoral psychology interns as they advance within the practice of psychology.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

TRAINING PHILOSOPHY

The Internship Program training philosophy is based on an integration of experiential, theoretical, and empirical knowledge. Interns are provided a venue in which clinical experience, didactic training, and ongoing research components integrate to produce state-of-the-art, individualized, and sensitive patient care. Training procedures emphasize mentoring and graduated responsibility, in the context of evaluation, treatment delivery, and outcome assessment.

The program provides sequential training within a format of three consecutive rotations, and a year-long mandatory group and individual therapy component. Rotation options include: Adult Clinical Psychology, Forensic Psychology, Pediatric Clinical Psychology, and Pediatric Neuropsychology. Training objectives include the following:

- acquiring experience and knowledge of psychology as a theoretical, empirical, and applied discipline;
- becoming proficient in the assessment and treatment of those with severe mental illness;
- developing an awareness of cultural and individual diversity issues relevant to clinical practice;
- learning to think and act in a manner consistent with ethical practice and professional integrity;
- becoming socialized in the role of psychologist and developing a professional identity; and
- reviewing professional literature and/or helping to conduct small- or large-scale research to answer clinical questions pertaining to groups or individuals.

TRAINING MODEL AND GOALS

The Internship Program in Clinical Psychology is a formal training program with the intent of preparing students who wish to go on to Postdoctoral Fellowships in the specialty areas of Pediatric Neuropsychology, Forensic Psychology, and Clinical Psychology. Our training model is defined as being “practitioner-scholar” in nature, and the primary method of training is experiential. Interns are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the intern's demonstrated comfort and competency. The internship is deliberately structured to provide supervised experience working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. Rotations last approximately 16 weeks each, providing each intern with three training rotations over the course of the internship. The mandatory therapy component is designed to run an average of 3 to 4 hours per week, and span the entire internship year. The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The intern is expected to apply graduate training to “real world” clinical situations. This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics. Thus, as interns progress through the training program they are expected to broaden and deepen their clinical knowledge and demonstrate increased independence, in a manner consistent with the Hospital's mission of providing excellent inpatient psychiatric care.

THE PROGRAM STRUCTURE

The Internship Program in Clinical Psychology accepts interns from clinical and counseling psychology training programs. Prior to starting the internship year the first week of July, prospective interns should have completed all requirements for the doctoral degree, except dissertation and internship, including a minimum of 350 hours of appropriately supervised clinical intervention and assessment.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

During the first week of the internship, decisions regarding appropriate rotations are made by the interns and psychology supervisor(s), in consultation with the Director of Training. Rotations will be determined based on areas of emphasis defined by the intern's interest and professional goals, while considering staffing logistics and trying to equitably balance rotation desires with those of other current interns. Interns can expect to have at least one of their three rotations be in the area in which they matched for internship (i.e., clinical, forensic, or neuropsychology). Some clinical experiences expand beyond the boundaries of a rotation, such as providing outcome assessment with the Brief Psychiatric Rating Scale. The training calendar structure allows for interns to follow therapy cases and observe patient progress throughout the internship year. Internship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation.

GRADUATED AND SEQUENTIAL NATURE OF TRAINING

Throughout the year, intern responsibilities are designed to follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, interns spend significant time shadowing supervisors, observing experienced staff members, and attending training sessions designed to prepare them for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration, appropriate scoring of all procedures, and the ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training moves to more complex issues. These activities evolve into clinical experiences in which the intern assists the supervisor or works under supervisory observation. Later, interns perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the internship experience is designed to help interns become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning mainly to corroborate clinical decisions and encourage professional identity and confidence.

CLINICAL ROTATIONS

ADULT CLINICAL PSYCHOLOGY ROTATION

The Adult Clinical Psychology Rotation offers training and experience in a variety of clinical activities with adult and geriatric populations. The goal of the rotation is to prepare the intern to be qualified to efficiently provide competent psychological services in settings that require solid and broad clinical skills. During this rotation, interns will be exposed to persons with a wide range of Axis I and Axis II pathology. Clinical assessments are generally complex due to multiple diagnoses, mixed etiologies, and co-morbid medical conditions. The intern will learn to address a variety of referral questions typically encountered in adult inpatient psychological assessments, such as questions regarding diagnosis, cognitive functioning, adaptive behavior, treatment recommendations, and prognosis. Additional rotation experiences include more intensive development and implementation of individualized behavioral management plans than is afforded interns on other rotations, and consultation with treatment team members. Training goals for the rotation include the following:

- consistently and adequately obtaining informed consent and establishing rapport with patients;
- carefully reviewing the patients' clinical and developmental history;
- selecting psychological measures that are appropriate for the patient and adequately assist in answering the specific referral question(s);

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

- accurately scoring and interpreting test results;
- conducting thorough diagnostic interviews;
- attentively observing patient behaviors and accurately assessing mental status;
- writing with clarity and precision;
- thoughtfully integrating test results with other clinical data to formulate accurate diagnoses and offer recommendations appropriate to the patient and setting;
- collaborating and communicating with multidisciplinary teams effectively; and
- becoming proficient in the development and implementation of behavior management plans.

FORENSIC PSYCHOLOGY ROTATION

The Forensic Psychology Rotation involves evaluating and treating inpatients committed by the Utah Criminal Justice System. Nearly all forensic patients fall into one of the following admission categories: 1) competence to stand trial evaluation; 2) incompetent to stand trial commitment; 3) guilty and mentally ill evaluation; 4) guilty and mentally ill commitment; 5) insanity or diminished capacity evaluation; 6) not guilty by reason of insanity commitment; or 7) transfer from a correctional setting due to SMI. This rotation focuses on administering and interpreting forensic assessment tools, to include measures of malingering and competency. In addition, traditional psychological assessments are conducted as needed. A goal of this rotation is to facilitate competency restoration and return patients to the district courts for adjudication. Diagnostic cases range widely from chronic psychosis to severe personality disorders. Interns on this rotation are expected to participate as a co-therapist in a competency skills group. There are regular opportunities to attend clinical staffing during which psychologists provide case consultations or offer training relevant to Forensic Psychology. Occasionally, opportunities arise for interns on this rotation to observe their supervisor testify in court. Training goals for the rotation include the following:

- articulating the criteria associated with differing forensic classifications (such as Incompetent to Stand Trial, Guilty and Mentally Ill, and Not Guilty by Reason of Insanity);
- becoming familiar with the manner in which common symptoms of major diagnostic categories can impact readiness for court participation;
- enumerating the nine dimensions listed by the Utah Code relevant to Competency to Proceed; and
- becoming proficient in basic assessment techniques to evaluate competency and possible malingering.

PEDIATRIC CLINICAL ROTATION

The Pediatric Clinical Psychology Rotation provides clinical experience working with patients ranging in age from five through 17 years old, with a spectrum of Axis I and Axis II diagnoses. This rotation helps prepare interns to provide quality psychological services such as psychological assessment, individual and/or family therapy and mentoring experiences. Interns on this rotation typically collaborate with the local school district, families, Division of Child and Family Services, and provide parent training when indicated. Assessment referrals are frequently related to exploring the possibility of learning disorders, development disabilities, attachment issues, behavior disorders, mood and anxiety disorders, and in some instances, assessing for psychotic spectrum disorders. Naturally, this rotation will include exposure to developmental variables affecting pediatric patients and the necessary accommodations clinicians must make to appropriately approach pediatric patients. Training goals for the rotation include the following:

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

- becoming proficient in pediatric psychological assessment (to include appropriate measure selection, scoring, and interpretation; report writing and integration of test results and thorough and specific recommendations appropriate to the patient and setting);
- enhancing psychotherapy skills via delivering evidence-based treatment modalities;
- further developing treatment planning and case conceptualization skills;
- becoming proficient in the development and implementation of behavior management plans; and
- working effectively on multi-disciplinary teams.

PEDIATRIC NEUROPSYCHOLOGY ROTATION

The Pediatric Neuropsychology Rotation offers a broad range of training experiences including assessment, treatment, advocacy, consultation, and clinical research focused on children with multiple developmental, mental health, and neuropsychological disorders. Conceptual objectives for this rotation mirror those of the internship as a whole, with a focus on assessment and treatment of patients with neuropsychological complications. Training goals for the rotation include the following:

- becoming proficient with interview, observational, and quantitative assessment methods appropriate for the pediatric patients with compromised brain function;
- acquiring interpretive and technical writing skills adequate to produce documents that can guide decision making in family, educational, forensic, and clinical settings;
- learning, designing, and implementing evidence-based, problem-specific therapeutic, behavioral, and cognitive rehabilitation interventions;
- becoming familiar with the clinical applications of laws and ethical principles regarding the rights of children with disabilities, pediatric disability determination, child records protection, mandatory reporting, and pediatric commitment for care;
- observing, preparing, and delivering neuropsychological consultations to multidisciplinary treatment teams; and
- participating in optional pediatric neuropsychology outcome research.

MANDATORY PSYCHOTHERAPY COMPONENT

Throughout the internship year, all interns will carry a caseload of one to two long-term individual patients, in addition to running or co-facilitating two therapy groups. Therapy hours will average between three and four hours per week, and the specific times for these hours will be determined by scheduled group meeting times and patient schedules for individual therapy. Each intern will work with at least one adult patient in long-term individual psychotherapy, as well as with at least one child providing cognitive remediation and/or mentoring interventions. Groups with which interns can be involved may vary depending on the needs of our patients; however, recent groups offered to patients have included the following: an Anger Management group, a Depression Management group, a Dialectical Behavior Therapy group, an Illness Management and Recovery group, a Men's Substance Abuse/Dependence process group, and a "Seeking Safety" group for individuals who have experienced trauma. It is anticipated that each intern will facilitate two groups throughout the internship. Training goals for the Psychotherapy Component include the following:

- conducting individual psychotherapy appropriate to the patient's level of functioning and therapeutic needs, within an evidence-based theoretical framework;
- enhancing psychotherapy skills while providing evidence-based treatment, engaging in effective

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

treatment planning, and developing accurate and thorough case conceptualizations;

- establishing ground rules for various types of group treatment;
 - becoming familiar with the role of the group leader and the level of structure needed based upon the specific type of group, the demographics of the patients within the group, the time constraints of the group, and other variables;
 - finding a balance between appropriately challenging patients and showing warmth, offering and facilitating feedback, and supporting and encouraging peer interactions;
 - demonstrating understanding of group dynamics, common stages observed in group therapy; and effective interventions for progress-blocking behaviors when they emerge; and
 - observing mentors in group settings, and developing a personal group therapy interaction style.
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HOSPITAL UNITS AVAILABLE FOR ROTATION

The **CHILDREN'S UNIT** has 22 beds available to boys and girls ages 5 to 13 years, and is located on the second floor of the Medical Services Building. The **ADOLESCENT UNIT** has the capacity to serve 50 male and female youth, ages 13 through 17 years, and is housed in the Beesley Youth Building (Girl's Youth) and the Rampton II Building (Boy's Youth). In addition to the problems typically experienced by our younger patients, some youth may have a co-morbid Conduct Disorder.

On both the **CHILD** and **ADOLESCENT UNITS** an individualized treatment approach is used to meet the needs of patients, which utilizes a broad spectrum of therapeutic modalities. Therapies include individual, group, family and play therapy, as well as therapeutic milieu. Specialized services include groups for conduct management, emotional regulation, and recreational therapy. Participation in a wide variety of activities such as skiing, camping and river rafting, helps youth increase self-esteem, learn impulse control, and develop social skills. Family involvement is important in the progress of the children's and youth treatment programs. The Hospital involves families by conducting the Pediatric Services Family Program which includes family therapy, family support, and advocacy. Home visitation by the patient is an integral part of the treatment process and regular family visits at the Hospital are encouraged.

The Rampton I Building houses three adult treatment units—**NORTHWEST**, **NORTHEAST**, and the **LIFE HABILITATION UNIT (LHU)**. Each of these three units has the capacity to care for approximately 30 patients. Each unit also utilizes several areas designed for patient comfort and pursuit of individual interests, including a large outdoor courtyard, a cooking area, an exercise room, a piano room, a craft room, and day rooms containing televisions and stereos. These units provide a bright and open atmosphere conducive to the Adult Services goal of providing a safe and healing environment in which all people are treated with dignity and respect. The purpose of treatment is to assist patients in reaching their recovery potential, with an aim of helping patients return to the community. A high value is placed on meeting the needs of each patient in a caring and professional manner. The **Recovery Skills Center** is a centralized treatment mall located within the Rampton I Building where groups for adult patients are provided by various disciplines.

The Rampton II Building, which opened in 2003, consists of the east end of the Lucy Beth Rampton Complex, and is connected to the Rampton I Building by an indoor corridor. In addition to housing adolescent male patients (as mentioned above), Rampton II accommodates two traditional adult units with approximately 30 beds known as **SOUTHEAST** and **MOUNTAIN VIEW**. The **LEGACY UNIT** is also housed within the Rampton II Building, and has 30 beds intended for older men and women, many of whom have dementia, chronic mental illness, and complicating medical conditions. While the Unit's goal is the same as that for all patients at the Utah State Hospital, that of returning them to the community, the

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

treatment approach for these patients takes into account special needs and limitations posed by advanced age and related physical problems. Patients with organic disorders are encouraged to do as much as possible for themselves, as are the chronically mentally ill. They are encouraged to maximally care for their personal needs, and remain as active as possible. Patients without serious levels of dementia are extensively involved in group, family and individual therapy. Special emphasis is placed on providing a wide variety of small groups that encourage exercise, stimulate mental activity, and promote social skill development and retention.

The Forensic Building is a secure facility comprised of four units totaling 100 beds, and is located in the southeast corner of the USH campus. This facility opened in 1999, and serves male forensic patients on **FORENSIC UNIT 1**, **FORENSIC UNIT 2**, and **FORENSIC UNIT 4**; the only coed unit for forensic patients is **FORENSIC UNIT 3**. Treatment includes a combination of pharmacotherapy; individual, group, and family psychotherapy; work opportunities; physical therapy; and occupational therapy. Patient input is encouraged at all levels of treatment to help teach individual responsibility and accountability. Treatment goals for forensic patients typically include facilitating competency restoration, and preparing patients for court hearings, while simultaneously offering treatment to address psychiatric illnesses.

INTERN PRESENTATIONS AND TRAINING SEMINARS

INTERN PRESENTATIONS

During the internship year, each intern provides two clinical presentations to the psychology staff and other interns, on a case for which they are the primary evaluator or therapist, or both. Each clinical presentation should include a thorough literature review related to their topic. Following the presentation, interns and psychology staff engage in discussions of case material. This experience provides the intern with exposure to a variety of strategies for case conceptualization and treatment, while preparing the intern for case discussions in a multidisciplinary team setting. An alternative option available to interns would be to have one of the two presentations be dedicated to sharing results of an optional research study conducted at the Hospital.

FORMAL TRAINING EXPERIENCES AND SEMINARS

The USH psychology faculty presents didactic seminars throughout the internship year, which are focused on various clinical topics, such as specialized assessment procedures, intervention techniques, ethical issues, and research updates. Consulting psychologists from universities and other state and private agencies are invited to supplement the didactic instruction of our interns. The seminars are designed to introduce interns to alternative theoretical orientations and approaches to clinical practice, diversity issues, and a host of other topic areas. A psychopharmacology seminar is also provided to interns by a psychiatrist on the USH staff. Additionally, interns are encouraged to attend colloquia and continuing education activities sponsored by the Hospital, and to attend at least one professional conference during the year, as approved by the training faculty.

RESEARCH

Participation in clinical research is an optional but encouraged aspect of the Utah State Hospital internship learning experience. Although the focus of the internship training is the development of applied skills, a primary value and goal of the training program and the Hospital itself is the enhancement and extension of the clinical knowledge base as it pertains to individuals with severe mental illness. Each full-time intern is afforded up to four hours (up to two hours for a part-time intern) of on-site research-related

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

activities per week. Examples of recent research conducted include the following: implementation of the Group Questionnaire to measure group leader effectiveness and group cohesion, and development of a pediatric outcome measure to address the need for a comprehensive treatment outcome measures specifically designed for children and adolescents.

SUPERVISION

During the training year, interns receive individual supervision from their clinical rotation supervisors (at least two hours per week). An hour of individual therapy supervision occurs at least every-other-week, and on alternating weeks you will receive an hour of supervision as a group for cognitive remediation cases. Individual supervision for group therapy groups facilitated by the intern occurs weekly for an hour. Furthermore, interns participate in 90 minutes of monthly “case conceptualization” supervision as a group. An additional supervisor may be appointed if an intern encounters a case requiring specialized knowledge. Members of other disciplines may function in an adjunct supervisory capacity for interns dealing with issues such as medication response or side effects, legal issues impacting patients, and so forth. Interns also meet with the Director of Training periodically to discuss progress, supervision, and training issues.

EVALUATION

During orientation activities at the beginning of the internship, interns complete a self-assessment survey estimating their baseline skills in various clinical and professional areas. This self-evaluation is reviewed by the intern’s rotation supervisors to help determine training needs, and is then reviewed by the Director of Training. The self-evaluation form is similar in format and content to the written evaluations that are completed by supervisors (at mid-rotation and rotation completion) during the internship, and the intern’s responses help to provide a point of comparison for assessing skill acquisition throughout the year. In addition to written supervisor evaluations, the psychology staff meets one to two times per month during the internship to discuss each intern’s progress. At least twice per year, the Director of Training provides a narrative report to each intern’s doctoral program describing progress being made during the internship. At the end of the training experience, each intern will, once again, complete an outcome self-assessment to measure their own progress.

During internship orientation, interns participate in two half-day experiential Skills Assessments to ascertain a baseline estimate of abilities in psychological test interpretation, diagnosing, and report writing. Each work sample is evaluated by at least two faculty members to identify possible areas of strength and deficiency, after which results are reviewed individually with each intern and with the psychology staff. A repeat of the Skills Assessment occurs near the end of the internship experience to document intern progress as measured by this activity.

Interns evaluate supervisors and rotations at the completion of each rotation. Evaluations are discussed with supervisors and returned to the internship Director of Training. The quality and usefulness of didactic training and experiences are also rated by interns throughout the year. Upon completion of the internship, interns complete a program survey in addition to offering verbal feedback as part of the annual internship program review, evaluating the internship experience as a whole. The internship also seeks alumni input from interns of the previous year to give them an opportunity to report professional accomplishments, make suggestions, and evaluate the efficacy of the internship in preparing them for post-doctoral fellowships or other professional experiences.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

POSTDOCTORAL PLACEMENTS

We strive to offer quality training and experiences to help our psychology interns be competitive when seeking postdoctoral fellowships/residencies. Prior USH interns have been very successful at obtaining postdoctoral training. Since 2003, seventy-five percent of our interns have been selected for post-doctoral training, while the remaining interns opted to accept an employment opportunity. Recent postdoctoral residencies have included the following:

Class	Intern	Post-Doctoral Placement
2003-4	Male	Forensic Psychology Fellowship—University of Massachusetts
2003-4	Female	Forensic Neuropsychology Fellowship—Florida: Private Practice Group
2003-4	Male	Employed—Florida: Mental Health Center
2004-5	Female	Neuropsychology Fellowship—University of Michigan
2004-5	Male	Geriatric Psychology Fellowship—Iowa: Geriatric Agency
2004-5	Male	Employed—New Mexico: Private Practice
2005-6	Female	Forensic Psychology Fellowship—Brown University
2005-6	Female	Pediatric Neuropsychology Fellowship—Dartmouth
2005-6	Male	Employed—Utah: State Psychiatric Hospital
2006-7	Female	Adult Neuropsychology Fellowship—Harvard Medical School
2006-7	Female	Adult Clinical Psychology Fellowship—California: Kaiser Permanente
2006-7	Male	Neuropsychology Fellowship—University of Virginia Medical Center
2006-8	Female	Employed—Utah: DCFS, Director of Program Evaluation and Improvement
2007-8	Female	Pediatric Clinical Psychology Fellowship—California: Residential Treatment Program
2007-8	Female	Neuropsychology Fellowship—Arizona: Barrow Neurological Institute
2007-8	Female	Clinical Psychology Fellowship—Utah: Non-profit Counseling Center

STATEMENT OF DIVERSITY

The Psychology Services Department of the Utah State Hospital values and supports diversity in its staff members and interns. We provide equal opportunities for all qualified persons, and do not discriminate on the basis of race, ethnicity, religion, gender, sexual orientation, national origin, or age. Based upon our belief that individual differences enrich the scholarly and professional activities of psychology, we wish to encourage applicants with personally or culturally diverse backgrounds to apply.

INTERNSHIP STIPEND

Interns will be paid a stipend of \$21,000 (unless otherwise specified), and are classified in a “full-time temporary non-benefited employee” status. Interns are encouraged to maintain health insurance through their universities or with some other plan of their choice since they are not eligible for insurance benefits through

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

the Utah State Hospital. Although not in a benefited position, interns are able to take advantage of many opportunities that are available to hospital personnel, including use of on-campus recreational facilities, discount tickets to area attractions, free vaccinations, travel discounts, computer training, free Hospital parking, and access to counseling through the Employee Assistance Program.

INTERNSHIP ACCREDITATION STATUS

The Utah State Hospital's Psychology Pre-doctoral Internship Program in Clinical Psychology has maintained membership status with APPIC since October 1997. The Hospital's Internship Program has also enjoyed full APA accreditation since April 2000. The next APA re-accreditation survey is scheduled to occur in 2009. For information regarding the current status of Utah State Hospital's Psychology Pre-doctoral Internship Program in Clinical Psychology, or to make a comment or complaint, please contact:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, D.C. 20002
Phone: (202) 336-5979
FAX: (202) 336-5978

INTERNSHIP FACULTY

The Utah State Hospital has a large interdisciplinary staff. Psychiatrists and other physicians, social workers, nurses, recreational therapists, occupational therapists, administrative and support staff, and psychologists, all work closely together. Psychologists are valued contributors to the treatment teams. There is a positive interdisciplinary, collegial relationship among members of the various disciplines. Staff members involved with the Pre-doctoral Internship Program in Clinical Psychology include the following:

PSYCHOLOGY STAFF

Douglas P. Benson, II, Psy.D.

Pepperdine University (2007), Clinical Psychology

Licensed Psychologist: Utah (2008 - present)

Current Position(s): Utah State Hospital, Staff Psychologist (2008 - present)

Interests: Psychological Assessment, PTSD/Complex Trauma Treatment, Personality Disorders,
Dialectical Behavior Therapy, Behavior Management, and Neuropsychology

Orientation: Cognitive-Behavioral/Behavioral

Gerald A. Berge, Ph.D.

Brigham Young University (1981), Clinical Psychology

Licensed Psychologist: Utah (1984 - present)

Current Position(s): Utah State Hospital, Staff Psychologist

Interests: Forensic Evaluations, Competency to Stand Trial, Malingering (psychosis and neuropsychological deficits), Dementia, Neuropsychological Screenings

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Orientation: Cognitive-Behavioral

Alan J. Crist, Ph.D.

Auburn University (1995), Clinical Psychology

Licensed Psychologist: Utah (1997 - present)

Current Position(s): Utah State Hospital, Staff Psychologist (1999 - present)

Interests: Pediatric Clinical Psychology, Geriatrics, Neuropsychology, Rorschach (Exner Method)

Orientation: Cognitive-Behavioral

Arlin L. Hatch, Ph.D.

Brigham Young University (2002), Clinical Psychology

Licensed Psychologist: Utah (2004 - present)

Current Position(s): Utah State Hospital, Internship Director of Training and Staff Psychologist (2006 - present); Adjunct Professional, Department of Psychology, Brigham Young University (2006 - present)

Interests: Psychological Assessment, Adult Group and Individual Psychotherapy, Primary Care Psychology, Psychotherapy Outcome, Forensic Psychology, Teaching and Supervision

Orientation: Interpersonal, Cognitive-Behavioral

Nancy Louise Howes, Ph.D.

Brigham Young University (1997), Clinical Psychology

Licensed Psychologist: Utah (1999 - present)

Current Position(s): Utah State Hospital, Pediatric Neuropsychologist (1999 - present)

Interests: Neuropsychological Assessment of Youth and Children, Developmental Disabilities, Cognitive Rehabilitation, Health Psychology and Sex Offender Treatment

Orientation: Behavioral, Neurocognitive Enhancement

Frank M. Rees, Ph.D.

Brigham Young University (1987), Clinical Psychology

Licensed Psychologist: Utah (1988 - present)

Current Position(s): Utah State Hospital, Assistant Clinical Director; Acting Director of Psychology Services; Brigham Young University, Adjunct Faculty – Department of Psychology (1996 - present); University of Utah, Adjunct Faculty – Department of Psychology (2004 - present)

Interests: Pediatric Psychology, Forensic Psychology, Outcome Measurement, Individual Psychotherapy, Group Psychotherapy, Psychological Assessment

Orientation: Cognitive-Behavioral, Psychodynamic

Melvin W. Sawyer, Ph.D.

Brigham Young University (1975), Educational Psychology

Licensed Psychologist: Utah (1985 - present)

Current Position(s): Utah State Hospital, Staff Psychologist (1988 - present); Adjunct Professional, Department of Psychology, Brigham Young University (1995 - present)

Interests: Assessment, Inpatient Treatment, Rehabilitation Psychology, Assertiveness Training, Anger

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Management, Depression Management, Group Therapy, Geriatric Assessment for Organicity and Treatment

Orientation: Cognitive, Humanistic

CONSULTING PSYCHOLOGISTS AT UTAH STATE HOSPITAL

Sally H. Barlow, Ph.D., ABPP

University of Utah (1978), Counseling Psychology

Brigham Young University (1985), Re-certification in Clinical Psychology

Licensed Psychologist: Utah (1980 - present)

Current Position(s): Professor of Psychology, Brigham Young University (1998 - present);
Training Director, Clinical Psychology Ph.D. Program, BYU (2006 - present);
Medical Staff, Utah Valley Regional Medical Center, Provo, UT (1985 - present)

Interests: Group Psychotherapy, Psychotherapy Techniques with Personality Disorders, Gender and Diversity Issues

Orientation: Psychodynamic

Gary M. Burlingame, Ph.D.

University of Utah (1983), Counseling Psychology

Licensed Psychologist: Utah (1984 - present)

Current Position(s): Professor of Psychology, Brigham Young University (1996 - present)
American Group Psychotherapy Association, Research Committee (1995 - present)

Interests: Group Psychotherapy Research and Practice, Measurement, Psychotherapy Outcome, and Research Design

Orientation: Experiential, Psychodynamic

CONTRIBUTING MENTAL HEALTH PROFESSIONALS AT UTAH STATE HOSPITAL

Madhumathy Gundlapalli, M.D.

University of Connecticut Health Center (1997), Residency

Yale University (1998), Geriatric Fellowship

Licensed Physician: Utah (1998 - present)

Current Position(s): Utah State Hospital, Psychiatrist (1998 - present)

Interests: Neurological and Health Concerns of the Mentally Ill

Orientation: Psychopharmacological and Therapeutic

Carmen Negrón, LCSW

Brigham Young University (1988), Social Work

Licensed Clinical Social Worker: Utah (1993 - present)

Current Position(s): Utah State Hospital, Sunrise Substance Treatment Program Administrator
(1999 - present)

Interests: Treatment of Addictions, Group/Individual Therapy, Multicultural Issues, and Women's Issues

Orientation: Cognitive-Behavioral, Biopsychosocial, and Eclectic

Isaac L. Thomas, MSW, LCSW

Brigham Young University (1987), Social Work

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Licensed Clinical Social Worker: Utah (1996 - present)

Current Position(s): Utah State Hospital, Director of Quality Resource Management (1996 - present)

Interests: Measurement of Treatment Outcome

Orientation: Humanistic

Paul D. Whitehead, M.D.

University of Utah School of Medicine (1994)

Yale University (1998), Psychiatry Residency

Licensed Physician: Utah (1995 - present)

Current Position(s): Utah State Hospital, Psychiatrist (2000 - present)

Interests: Forensic Psychiatry, Consultation-liaison Psychiatry, History of Medicine, Teaching,
Psychopharmacology

Orientation: Eclectic, Primarily Psychodynamic

OTHER CONTRIBUTING MENTAL HEALTH PROFESSIONALS

Various mental health professionals have collaborated periodically with our Internship Program in providing didactic trainings for our interns. This informal collaboration was arranged by Internship Training Directors of the Utah State Hospital, Primary Children's Medical Center, the University of Utah Neuropsychiatric Institute, and the Veterans Affairs Salt Lake City Health Care System. The purpose of this effort is to provide our interns, as well as those at the other sites, with a greater breadth of training experiences than would otherwise be available to them. This collaboration also affords interns the opportunity of forming professional contacts and extending their social support network with interns at other sites.

Appendix

Grievance Policy

Nepotism Policy

Time Away from Training Policy

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY
Grievance Procedures for Predoctoral Psychology Interns
and Graduate Students

Updated 26 Jun 2008

The Department of Psychological Services at the Utah State Hospital (USH) provides procedures that enable students and interns to address issues of conflict including but not limited to disagreements regarding progress evaluations, harassment, plagiarism, impairment issues or conflicts with supervisors.

This document contains Psychology Services' processes, which are in addition and subordinate to the State of Utah grievance procedures (see attached). The Psychology Services grievance process is outlined below, and is applicable to any graduate psychology student or psychology predoctoral intern (henceforth referred to as intern) who is supervised by a USH staff member, Director of Psychology Services, or Training Director (TD). The USH Psychology Services staff recognizes the importance of communication between doctoral training programs and internship programs, and strives to follow the Council of Chairs of Training Councils (CCTC) Recommendations for Communication.

- Step 1 When an intern has a grievance against a staff member, the intern is strongly encouraged to first attempt a verbal resolution of the conflict with the staff member. An exception to this policy is made if the intern believes confrontation with the staff member may result in intimidation, threats, or further harassment or otherwise place the intern at risk of harm. In that situation, the intern may communicate the nature and extent of the problem directly to Director of Psychology Services or the Psychology Internship TD.
- Step 2 If the intern is dissatisfied with the attempt to verbally resolve the grievance directly with the involved psychology staff member, the intern will then submit (1) a written grievance to the Director of Psychology Services and (2) a written summary of the attempt to resolve the grievance with the staff member (within seven working days of the failed verbal meeting). If the grievance is regarding the Director of Psychology Services, then the written grievance may be addressed to the Assistant Clinical Director of USH. [Note that in the rare even that the Assistant Clinical Director is serving as Acting Director of Psychology Services, then the Clinical Director would be available to act in the stead of Assistant Clinical Director for the purposes of this document.]
- Step 3 Upon receiving the intern's written grievance, the Director of Psychology Services will request (within three working days) that the staff member involved in the grievance submit a written version of the issue and attempted verbal grievance resolution back to the Director of Psychology Services within seven working days.
- Step 4 Upon receiving the staff member's written response to the grievance, the Director of Psychology Services may do one of two things within three working days of receiving the written response: (1) Make a written response that is delivered to both the intern and the staff member, or (2) Request that both the intern and staff member meet with the Director of Psychology Services in an attempt to resolve the grievance.
- Step 5 If either the intern or staff member feel a written response from the Director of Psychology Services is unsatisfactory, the unsatisfied person may notify the Director of Psychology Services in writing within three working days

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

and then make a written grievance to the USH Assistant Clinical Director. The USH Assistant Clinical Director will respond in writing within seven working days.

- Step 6 If the grievance continues to remain unresolved, the unsatisfied party can refer to the attached document “A Guide to the State Employees Grievance and Appeal Procedures” or refer to www.csr.utah.gov for further information.

The Department of Psychology Services at the USH strives to provide fair, informal, and prompt means of settling disputes without coercion, restraint or reprisal.

Further information may be obtained by contacting the Director of USH Human Resources (David Gardner, 801-344-4568).

IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/IMPAIRMENT

I. Definition of Impairment

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: (1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (2) an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency; and/or (3) an inability and/or unwillingness to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

II. Definition of Problem

A problem refers to a trainee's behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic and/or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required; and/or
6. the trainee's behavior does not change sufficiently as a function of feedback, remediation efforts, and/or time.

III. Remediation and Sanction Alternatives

The TD and staff members have several levels of corrective response alternatives available to deal with intern problems and impairment. In order for a corrective action to be implemented, the TD must be fully apprised of the problem and both the interns' rotation supervisor(s) and the TD must agree that the problem warrants formal intervention and must agree upon the level of intervention to be taken. A level of intervention will be chosen from

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

the following list depending upon the nature and seriousness of the problem.

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate impairment or problem under discussion. Written documentation of the verbal warning may be kept by the intern's supervisor and/or TD.
2. Written Acknowledgment to the intern formally acknowledges:
 - a) that the TD is aware of and concerned with the performance rating,
 - b) that the concern has been brought to the attention of the intern,
 - c) that the supervisor(s) and/or TD will work with the intern to rectify the problem or skill deficits, and
 - d) that the impairment or problem associated with the rating is not significant enough to warrant more serious action.

A copy of this letter will be kept in the intern's file. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD.

3. Written Warning to the intern indicates the need to address an impairment or problem. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD. A copy of this letter will be kept in the intern's file, which will contain:
 - a) a description of the intern's unsatisfactory performance,
 - b) actions required by the intern to correct the unsatisfactory performance,
 - c) the timeline for correcting the problem,
 - d) what action may be taken if the problem is not corrected, and
 - e) notification that the intern has the right to request a review of this action.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the rotation supervisor(s) in consultation with the TD. The length of a schedule modification period will be determined by the TD in consultation with the rotation supervisor(s) and the Director of Psychology Services. The termination of the schedule modification period will be determined, after discussion with the intern, by the TD, rotation supervisor(s), and the Director of Psychology Services. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule, and may include the following:

- a) increasing the amount of supervision, either with the same or other supervisors,
- b) changing the format, emphasis, and/or focus of supervision (which may include, but not be limited to, additional required readings, additional training assignments, etc.),
- c) recommending personal therapy, to be financed by the intern (a list of community practitioners may be available upon request),
- d) reducing the intern's clinical or other workload,
- e) extending the length of internship training, and/or
- f) requiring specific academic coursework or other intervention (to be paid for by the intern).

5. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines an intern's status that the TD systematically monitors for a specific length of time, the degree to which the intern addresses the impairment or problem associated

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

with the inadequate rating. The intern is informed of the probation in a written statement which includes the following:

- a) identification of the specific impairment associated with the unacceptable rating,
- b) actions required for rectifying the problem,
- c) the timeframe for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been adequately rectified.

If the TD determines that there has not been sufficient resolution of the intern's impairment or problem to remove the Probation or modified schedule, then the TD will discuss the issue with the rotation supervisor(s) and the Director of Psychology Services. The TD will communicate, in writing, to the intern that the condition(s) for revoking the Probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period, or implementation of another alternative. Additionally, the TD will communicate to the Director of Psychology Services that if the intern's impairment or problem is not sufficiently resolved, the intern will not successfully complete the internship. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD.

6. Suspension of Direct Service Activities requires a determination that the welfare of the person for whom the intern is providing professional services has been jeopardized, or is likely to become jeopardized. Once this determination has been made, direct service activities will be suspended for a period as determined by the TD in consultation with the Director of Psychology Services. At the end of the suspension period, the intern's rotation supervisor(s), in consultation with the TD and the Director of Psychology Services, will assess the intern's capacity for effective functioning and determine when direct service can be resumed. This action, and reason(s) for the action, may be communicated to the intern's academic department by the TD.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The TD will inform the intern of the effect the Administrative Leave will have on the intern's stipend and other benefits. This action, and reason(s) for the action, will be communicated to the intern's academic department by the TD.

8. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, result in a rectification of the problem or impairment and the trainee seems unable or unwilling to resolve her/his impairment or problem, the TD will discuss with the Director of Psychology Services the possibility of termination from the training program and dismissal from the agency. Either Administrative Leave or Dismissal from the Internship would occur in cases of severe violation of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, when remediation efforts have not resulted in adequate resolution of a problem or impairment, or when the intern is unable to complete the internship within a reasonable timeframe due to physical, mental or emotional illness. When an intern has been dismissed, the action and reason(s) for the action will be communicated to the intern's academic department by the TD.

IV. Procedures for Responding to Inadequate Performance by an Intern

If an intern's performance is deemed inadequate by a rotation supervisor, or by another member of the faculty, or if the USH staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following process will be initiated:

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

1. The staff member will consult with the TD to determine if the behavior in question is being rectified, and the TD will determine if there is reason to take further action.
2. If the staff member who brings the concern to the TD is not the intern's rotation supervisor, the TD will discuss the concern with the intern's rotation supervisor(s).
3. If the TD and rotation supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought about the complaint.
4. The TD will meet with the USH psychology faculty to discuss the performance rating or the concern.
5. The TD will meet with the Director of Psychology Services and, if deemed appropriate, the Assistant Clinical Director to discuss the concern and possible course of action to be taken to address the issue.
6. The TD, rotation supervisor(s), and Director of Psychology Services may meet to discuss possible courses of action.
7. Whenever a decision has been made by the Director of Psychology or TD about an intern's training program or status in the agency, the TD will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's rotation supervisor(s). If the intern accepts the decision, any formal action taken by the Training Program may be communicated verbally or in writing to the TD or other faculty member(s) of the intern's academic program; however, the intern's academic program TD or other faculty member(s) may be notified regarding intern issues of any nature at any point during the internship. This notification can include a discussion of possible concern(s) regarding the intern's inadequate performance, problem, or impairment, a discussion of specific action taken to address the concern(s), progress being made by the intern, and/or exchange of other information deemed relevant to the intern's training.
8. The intern may choose to accept the condition(s) or may choose to appeal corrective or remedial action. The process for appealing corrective or remedial action is presented below.

V. Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or unfairly biased. It requires that the Training Program identify specific evaluative processes that are applied to all trainees, and provide appropriate appeal processes available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include the following:

1. During the orientation period, the interns are presented, in writing, with the Program's expectations related to professional functioning and performance (e.g., copies of rotation evaluation forms, case presentation evaluation forms, and other indicated material), and these materials are reviewed in detail during intern orientation. As materials are updated, interns will be provided with copies of the updates in a timely fashion.
2. Processes for evaluation are explained during orientation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals as determined by the TD.
3. Articulating the various processes and actions involved in making decisions regarding impairment.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and as needed, seeking input from these academic programs about how to address such difficulties.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies in a sufficient manner.

6. Ensuring that interns have sufficient time, as outlined in this document, to respond to any action taken by the program.

7. Documenting, in writing and to all relevant parties, the actions taken by the Program and its rationale.

VI. Due Process:

Due process allows all relevant parties to have mutual understanding of procedures to address potential impairments, problems, or other issues of concern in a timely and thorough fashion. When a matter cannot be resolved between the TD and intern or staff, the steps to be taken are listed below.

A. Grievance Process

There are two situations in which grievance processes can be initiated. An intern can dispute the action taken by the TD or a staff member, or a member of the training staff may initiate action against an intern. These situations are described below.

Intern Grievance Process: If an intern wishes to formally dispute any action taken by the TD or staff member, the intern must, within five working days of receipt of the grievance, inform the TD, in writing, of the dispute. When a dispute is made, the intern must provide the TD information supporting the intern's position or concern. Within three working days of receipt of this notification, the TD will consult with the Director of Psychology Services and will implement Review Panel processes as described below.

Staff Grievance Process: If a training staff member has a specific intern concern that is not resolved by the TD, the staff member may seek resolution of the conflict by written request to the TD for a review of the intern's behavior. Within three working days of receipt of the staff member's review request, the TD will consult with the Director of Psychology Services and a Review Panel will be convened.

B. Review Panel and Process

1. When needed, a review panel will be convened by the Director of Psychology Services. The panel will consist of three staff members selected by the Director of Psychology Services with recommendations regarding staff selection made by the TD and the intern involved in the dispute. If the TD and/or Director of Psychology Services were involved in the grievance, then the Assistant Clinical Director would convene over the panel comprised of staff not involved in the grievance. The intern and staff member involved in the grievance have the right to hear all facts with the opportunity to dispute or expound upon the issue of dispute.

2. Within five working days, a hearing will be conducted in which the dispute is heard and relevant material presented. Within three working days of the completion of the review, the Review Panel submits a written report to the Director of Psychology Services (or Assistant Clinical Director if Director of Psychology Services is involved in the dispute), including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three working days of receipt of the recommendation, the Director of Psychology Services will either accept or reject the Review Panel's recommendations. If the Director of Psychology rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director of Psychology Services may refer the matter back to the Review Panel for further deliberation and revised recommendations, or revise the Review Panel's recommendation to arrive at a final decision.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

4. If referred back to the panel, the Review Panel will report back to the Director of Psychology Services within five working days of the receipt of the Director of Psychology Services' request for further deliberation. The Director of Psychology Services then makes a final decision regarding what action is to be taken.

5. The Director of Psychology Services, with the TD Present, informs the intern and, if necessary, the intern's academic training program of the decisions made.

6. If the intern disputes the Director of Psychology Services' final decision (or that of the Assistant Clinical Director), both the intern and staff member have the right to contact the Department of Human Resources to discuss this situation. Any party involved in the dispute may also seek consultation with persons from the Association of Psychology Postdoctoral and Internship Centers or the American Psychological Association as appropriate.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Nepotism Policy

Consistent with the Utah State Hospital's (USH's) and Department of Human Services's (DHS's) operational policies and procedures, the Psychology Discipline does not employ individuals in staff or intern positions where they would supervise or be supervised by a relative, or where they would work within the same clinical treatment team or unit.

Procedure

1. Relatives are defined as: father, mother, husband, wife, son, daughter, sister, brother, uncle, aunt, niece, nephew, first cousin, grandparents, grandchildren, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, step-children, step-parents, step-brother, or step-sister.
2. Relatives of the Superintendent, Hospital Clinical Director, Assistant Superintendent, and Assistant Hospital Clinical Director may not be hired for any position within the hospital, including staff or intern positions within the Psychology Discipline.
3. If a relative is already working with the Psychology Discipline, the following criteria must be observed in order for an individual to be hired into a staff or intern position:
 - a. The related staff member or intern may not participate in the hiring, interviewing, or selection process of the relative who is seeking employment with the Psychology Discipline.
 - b. The related staff members and/or interns must be assigned to work on separate units, with separate treatment teams, and with separate patients.
 - c. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. If staff members and/or interns become related due to marriage, the following criteria must be observed in order for the individuals to continue their clinical duties within the discipline:
 - a. The related staff members and/or interns must be assigned to work on separate units, with separate treatment teams, and with separate patients.
 - b. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. Exceptions to this policy are granted in accordance with UCA 52-3-1.
 - a. The Hospital Superintendent must approve all requested exceptions.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Utah State Hospital Psychology Internship Time Away from Training Policy

Updated 19 Jun 2008

The Utah State Hospital (USH) Internship Program provides the opportunity for interns who successfully complete the internship to receive a minimum of 2000 total training hours, which would facilitate meeting internship licensure requirements in virtually all states within the U.S. It is the responsibility of each intern to ensure that adequate training hours are achieved and documented to meet the licensure requirements of the jurisdiction(s) in which licensure is desired. Interns will need to average 40 hours of work per week to meet the 2000-hour minimum. Time spent at professional conferences and interviews (as consistent with your training goals) would count towards the 2000 hours, as would participation in a dissertation defense and doctoral program graduation exercises; however, each would need to be pre-approved by the Training Director and rotation supervisors. Formal training hours would also include up to four hours each week for research activities that are conducted onsite at USH. Interns are not required to work on the 11 state/federal holidays, although they may choose to work some of this time as long as they are not directly interacting with patients (unless their supervisor is on USH grounds). Up to eight “discretionary days” away from training can be requested during the year; interns are encouraged to use discretionary days judiciously to ensure their availability in the event of an unanticipated emergency or special event (e.g., illness, funeral, wedding, etc.). The USH full-time internship is a 12-month experience from the first workday in July through the last workday in June the following year, and interns are expected to remain at the internship site through the last workday of June (a part-time internship would be expected to last 24 months from the first workday in July to the end of June two years later). Note that no more than two “discretionary days” can be used during the last week of internship. Extenuating circumstances requiring an intern to be away from training more than the aforementioned days would be evaluated on a case-by-case basis, and the possibility of extending a specific intern’s internship beyond a year (or beyond two years for a part-time internship) to enable him or her to meet a minimum of 2000 training hours may be considered by the USH psychology faculty.